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Request for Quote

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS ONE CAPITOL HILL PROVIDENCE RI 02908

BUYER: Melillo, Charlotte A PHONE #: 401-574-8110

B | URI ACCOUNTS PAYABLE | CARLOTTI ADMINISTRATION BLDG | T5 LOWER COLLEGE ROAD, SUITE 1 | KINGSTON, RI 02881 | T US

Requistion Number: 1360013

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CREATION DATE: 06-MAY-14 BID NUMBER: 7548724

TITLE: FIRE ALARM PARTS AND SUPPLIES - URI

BLANKET START: 01-JUL-14 **BLANKET END**: 30-JUN-16

BID CLOSING DATE AND TIME:04-JUN-2014 11:00:00

S H URI SPECIAL INSTRUCTIONS SEE BELOW SEE BELOW, RI N/A US

Line	Description	Quantity	Unit	Unit Price	Total
	7/1/14 - 6/30/16				
	FIRE ALARM PARTS AND SUPPLIES PER THE ATTACHED. ALL PRICING SHOULD BE ON ATTACHED SPREADSHEET.				
	QUESTIONS REGARDING THIS BID SHOULD BE EMAILED TO: charlotte.melillo@purchasing.ri.gov UNTIL 5/23/14.				
	PLEASE INCLUDE THE ATTACHED W9 WITH YOUR BID PACKAGE.				
1	*				
1	7/1/14-6/30/16 Fire Alarm Parts and Supplies per the attached.				

Delivery:	
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Forms of Poumont:	

It is the Vendor's responsibility to check and download any and all addenda from the RIVIP. This offer may not be considered unless a signed RIVIP generated Bidder Certification Cover Form is attached and the Unit Price column is completed. The signed Certification Cover Form must be attached to the front of the offer

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KFU	/340/24	LTKE	ALAKM	PARIS	AND	OULLTIED -	UKL

VENDOR:		

ATTACHMENT "A"

UNIT PRICE

EXTENDED PRICE

IF THIS IS A MULTI-YEAR BID/CONTRACT. CONTINUATION OF THE CONTRACT BEYOND THE INITIAL FISCAL YEAR WILL BE AT THE DISCRETION OF THE UNIVERSITY. TERMINATION MAY BE EFFECTED BY THE UNIVERSITY BASED UPON DETERMINING FACTORS SUCH AS UNSATISFACTORY PERFORMANCE OR THE DETERMINATION BY THE UNIVERSITY TO DISCONTINUE THE GOODS/SERVICES, OR TO REVISE THE SCOPE AND NEED FOR THE TYPE GOODS/SERVICES; ALSO MANAGEMENT OWNER DETERMINATIONS THAT MAY PRECLUDE THE NEED FOR GOODS/

BLANKET REQUIREMENTS:

7/1/14 - 6/30/16

Supply fire alarm and intrusion alarm parts on a per unit cost based on the approximate annual quantity used. Also provide a % off list for all parts not specifically mentioned here.

	Bid a price for the following for a period of 7/1/14-6/30/15 Fire Alarm Parts:			
1	8 Amp Hour 12Volt Gel cell batteries with Sta-kon terminals	90	ea	\$ _/ea \$
2	33 Amp Hour 12 Volt Gel cell batteries with bolt on terminals	12	ea	\$ _/ea \$
3	18 Amp Hour 12 Volt Gel cell batteries with bolt on terminals	12	ea	\$ _/ea \$
4	18 Amp Hour 12 Volt Gel cell batteries with Sta-kon terminals	12	ea	\$ _/ea \$
5	26 Amp Hour 12 Volt Gel cell batteries with bolt on terminals	2	ea	\$ _/ea \$
6	55 Amp Hour 12 Volt Gel cell batteries with bolt on terminals	4	ea	\$ _/ea \$
7	Fenwal PSD 7157 conventional smoke detectors (no substitutions)	6	ea	\$ _/ea \$
8	Fenwal 2WRLT (no substitutions)	2	ea	\$ _/ea \$
9	System sensor model # 5601 heat detectors (no substitutions)	50	ea	\$ _/ea \$
10	Solo A-4 canned smoke (no substitutions)	50	ea	\$ _/ea \$
11	System Sensor model # 2151 smoke detector	30	ea	\$ _/ea \$
12	System Sensor B110LP detector Base	30	ea	\$ _/ea \$
13	Cooper Wheelock ZNS – MCW – FR 24VDC 120304 Horn/strobe	10	ea	\$ _/ea \$
14	Notifier FCPS-24S8-RB replacement board only	1	ea	\$ _/ea \$
15	Honeywell FCPS- 24S6 power supply	1	ea	\$ _/ea \$
16	Percent (%) discount off list price for items not specifically listed here			 %
	Intrusion Alarm Parts			
17	Napco Gem-PR1 CAE2 Key pad	2	ea	\$ _/ea \$
18	CR – 123 - 3 volt lithium battery	30	ea	\$ _/ea \$
19	Napco C200AP P.I.R./ microwave Motion sensor	4	ea	\$ _/ea \$
20	KP Electronics Model # ATS-100 Alarm transmitter	2	ea	\$ _/ea \$
21	Napco Model # 9600 intrusion alarm control panel	2	ea	\$ _/ea \$
22	12 volt 110 amp hour batteries	2	ea	\$ _/ea \$

RFQ	7548724 FIRE ALARM PARTS AND SUPPLIES VENDOR:				
ATTAC	HMENT "A"	_		UNIT PRICE	EXTENDED PRICE
50	12 volt 110 amp hour batteries	2	ea	\$	_/ea \$
51	FCI - AMM - 4F addressable monitor modules	6	ea	\$	_/ea \$
52	Notifier FMM-1 addressable monitor modules	6	ea	\$	_/ea \$
53	12 Amp Hour 12 Volt Gel cell batteries with sta-con terminals	2	ea	\$	_/ea \$
54	FCI Smoke Detector model # ASD-PL2F	6	ea	\$	_/ea \$
55	Notifier Smoke Detector model # FSP-851	6	ea	\$	_/ea \$

Percent (%) discount off list price for items not specifically listed here

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Form W-9 (Rev. 3/7/11)

State of Rhode Island PAYER'S REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

THE IRS REQUIRES THAT YOU FURNISH YOUR TAXPAYER IDENTIFICATION NUMBER TO US. FAILURE TO PROVIDE THIS INFORMATION CAN RESULT IN A \$50 PENALTY BY THE IRS. IF YOU ARE AN INDIVIDUAL, PLEASE PROVIDE US WITH YOUR SOCIAL SECURITY NUMBER (SSN) IN THE SPACE INDICATED BELOW. IF YOU ARE A COMPANY OR A CORPORATION, PLEASE PROVIDE US WITH YOUR EMPLOYER IDENTIFICATION NUMBER (EIN) WHERE INDICATED.

Taxpayer Identification Number (T.I.N.)						
Enter your taxpayer identification number in	Social Security No. (SSN)	Employer ID No. (EIN)				
the appropriate box. For most individuals, this is your social security number.						
NAME						
ADDRESS						
(REMITTANCE ADDRESS, IF DIFFERENT)						
CITY, STATE AND ZIP CODE						
CERTIFICATION: Under penalties of perjury	, I certify that:					
(1) The number shown on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me), and (2) I am not subject to backup withholding because either: (A) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (B) the IRS has notified me that I am no longer subject to backup withholding.						
<u>Certification Instructions</u> You must cross out item (2) above if you have been notified by the IRS that you are subject to backup withholding because of under-reporting interest or dividends on your tax return. However, if after being notified by IRS that you were subject to backup withholding you received another notification from IRS that you are no longer subject to backup withholding, do not cross out item (2).						
PLEASE SIGN HERE						
SIGNATURE	TITLE	DATE TEL NO				
BUSINESS DESIGNATION:						
Please Check One: Individual	Medical Services Corporation	Government/Nonprofit Corporation				
Partnership 🗌	Corporation Trust/Estate	Legal Services Corporation				
NAME: Be sure to enter your full and correct	name as listed in the IRS file for you or	r your business.	·			
to which location the year-end tax inform Different T.I.N. for each different location return will be reported for each T.I.N. and	than one location, adhere to the follow attach a list of location addresses vation return should be mailed. submit a completed W-9 form for ead remittance address.)	ring: with remittance address for each location and ach T.I.N. and location. (One year-end tax inf	d indicate			
CERTIFICATION Sign the certification, enter	er your une, date, and your telephone r	iumber (including area code and extension).				

Mail to: Supplier Coordinator, One Capitol Hill, Providence, RI 02908

BUSINESS TYPE CHECK-OFF -- Check the appropriate box for the type of business ownership.

Contract Terms and Conditions

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DUE TO LENGTH OF BID AND TIME CONSTRAINTS, THE STATE WILL ONLY ACKNOWLEDGE RECEIPT AND READ THE NAMES OF VENDORS SUBMITTING PROPOSALS.

Terms and Conditions

BID STANDARD TERMS AND CONDITIONS

TERMS AND CONDITIONS FOR THIS BID

PURCHASE AGREEMENT BID

BIDDING (a) A single price shall be quoted for each item against which a proposal is submitted. This price will be the maximum in effect during the agreement period. Any price decline at the manufacturer's level shall be reflected in a reduction of the agreement price to the State. (b) Quantities, if any, are estimated only. The agreement shall cover the actual quantities ordering during the period. Deliveries will be billed at the single, firm, awarded unit price quoted regardless of the quantities ordered. (c) Bid price is net F.O.B. destination and shall include inside delivery at no extra cost. (d) Bids for single items and/or a small percentage of total items listed, may, at the State's sole option, be rejected as being non-responsive to the intent of this request. ORDERING (a) The User Agency(s) will submit individual orders for the various items and various quantities as may be required during the agreement period. (b) Exception - Regardless of any agreement resulting from this bid, the State reserves the right to solicit prices separately for any extra large requirements for delivery to specific destinations.

RIVIP INFO - BID SUBMISSION REQUIREMENTS

It is the Vendor's responsibility to check and download any and all addenda from the RIVIP. This offer may not be considered unless a signed RIVIP generated Bidder Certification Cover Form is attached and the Unit Price column is completed. The signed Certification Cover Form must be attached to the front of the offer. When delivering offers in person to One Capitol Hill, vendors are advised to allow at least one hour additional time for clearance through security checkpoints.

MAILING ADDRESS FOR BID PROPOSALS ISSUED BY THE STATE OF RHODE ISLAND, DIVISION OF PURCHASES

All Bid Proposals must be submitted by mail or hand delivered to:

- State of Rhode Island
- Department of Administration
- Division of Purchases, Second floor
- One Capitol Hill
- Providence, RI 02908-5855

DIVESTITURE OF INVESTMENTS IN IRAN REQUIREMENT:

No vendor engaged in investment activities in Iran as described in R.I. Gen. Laws §37-2.5-2(b) may submit a bid proposal to, or renew a contract with, the Division of Purchases. Each vendor submitting a bid proposal or entering into a renewal of a contract is required to certify that the vendor does not appear on the list maintained by the General Treasurer pursuant to R.I. Gen. Laws §37-2.5-3.

VENDOR SPECIFICATIONS

ALL VENDORS MUST INCLUDE SPECIFICATIONS WITH BID PROPOSAL (EVEN THOSE BIDDING BRAND SPECIFIED). FAILURE TO SUBMIT SPECIFICATIONS WITH BID PROPOSAL MAY RESULT IN DISQUALIFICATION OF BID. ITEMS IN CATALOGS MUST BE CLEARLY MARKED AND PAGES TABBED.

MULTI YEAR AWARD

THIS IS A MULTI-YEAR BID/CONTRACT. PER RHODE ISLAND STATE LAW 37-2-33, CONTRACT OBLIGATIONS BEYOND THE CURRENT FISCAL YEAR ARE SUBJECT TO AVAILABILITY OF FUNDS. CONTINUATION OF THE CONTRACT BEYOND THE INITIAL FISCAL YEAR WILL BE AT THE DISCRETION OF THE STATE. TERMINATION MAY BE EFFECTED BY THE STATE BASED UPON DETERMINING FACTORS SUCH AS UNSATISFACTORY PERFORMANCE OR THE DETERMINATION BY THE STATE TO DISCONTINUE THE GOODS/SERVICES, OR TO REVISE THE SCOPE AND NEED FOR THE TYPE OF GOODS/SERVICES; ALSO MANAGEMENT OWNER DETERMINATIONS THAT MAY PRECLUDE THE NEED FOR GOODS/SERVICES.

DELIVERY PER AGENCY

DELIVERY OF GOODS OR SERVICES AS REQUESTED BY AGENCY.